



Massachusetts Department of Transitional Assistance

Request for Employment Information

Give this form to DTA

- By mail: DTA Document Processing Center, P.O. Box 4406, Taunton, MA 02780-0420
By fax: (617) 887-8765
In person at your local DTA office.

DTA can use this form to confirm how much you are paid at a job or if you are still working there. Sign this form if you want us to contact this employer.

Date: \_\_\_\_\_

To: \_\_\_\_\_
Employer

Re: \_\_\_\_\_
Name

Employer's Address

Address

City State ZIP

City State ZIP

Employer phone number

Last 4 of SSN or Agency ID

I allow this employer to tell the Department of Transitional Assistance whether or not I work there. I allow them to give my current wage information, if any.\*

Client Signature

Date

\*Once you sign the release of information, DTA will do the rest.

Information from Employer

[ ] This person does not work for me. Date last worked / /

[ ] This person works for me.

Employer FEIN \_\_\_\_\_

Wage information for the indicated periods or the last 4 weeks:

Date: / / Gross Earnings \$ \_\_\_\_\_.\_\_\_\_
Hours: \_\_\_\_\_

Date: / / Gross Earnings \$ \_\_\_\_\_.\_\_\_\_
Hours: \_\_\_\_\_

Date: / / Gross Earnings \$ \_\_\_\_\_.\_\_\_\_
Hours: \_\_\_\_\_

Date: / / Gross Earnings \$ \_\_\_\_\_.\_\_\_\_
Hours: \_\_\_\_\_

[ ] No earnings in last 4 weeks.

Employer Signature

Date